Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)	-	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t1: Identify Yourself						
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name						
	Write the name that is on your government-issued picture identification (for example, your driver's	Walton First name Edward		Ramona First name Lynette			
	license or passport).	Middle name		Middle name			
	Bring your picture identification to your meeting with the trustee.	Hall, Jr. Last name and Suffix (Sr., Jr., II, III)		Hall Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years						
	Include your married or maiden names.						
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2936		xxx-xx-9210			

Debtor 1 Walton Edward Hall, Jr.
Debtor 2 Ramona Lynette Hall

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	229 Nixon Road	If Debtor 2 lives at a different address:		
		Autryville, NC 28318 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Sampson			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	 Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) 		

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	btor 1 Walton Edward Ha btor 2 Ramona Lynette H					Case number (if known)				
Par	rt 2: Tell the Court About	Your Bank	ruptcy Ca	ase						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	☐ Chapter 7								
		☐ Chap	ter 11							
		☐ Chap	ter 12							
		■ Chap	ter 13							
8.	How you will pay the fee	abo ord	out how yo	ou may pay. Typically, if you are attorney is submitting your pa	e paying the fe	check with the clerk's office in your local court for more details e yourself, you may pay with cash, cashier's check, or money behalf, your attorney may pay with a credit card or check with				
				y the fee in installments. If yo ee <i>in Installments</i> (Official Forn		option, sign and attach the Application for Individuals to Pay				
		☐ I re but app	equest that t is not reco	at my fee be waived (You may quired to, waive your fee, and r ur family size and you are una	y request this on nay do so only i ble to pay the fe	ption only if you are filing for Chapter 7. By law, a judge may, if your income is less than 150% of the official poverty line that ee in installments). If you choose this option, you must fill out				
		tne	: Аррисаті	on to Have the Chapter 7 Hilln	g Fee Walved (Official Form 103B) and file it with your petition.				
9.	Have you filed for bankruptcy within the last 8 years?	■ No.								
	iast o years!	⊔ Yes.	District		When	Case number				
			District		When	Case number Case number				
			District		 _When	Case number				
10.	Are any bankruptcy	■ No								
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.								
			Debtor			Relationship to you				
			District		When	Case number, if known				
			Debtor			Relationship to you				
			District		_ When	Case number, if known				
11.	Do you rent your residence?	■ No.	Go to	line 12.						
	residence:	☐ Yes.	Has yo	our landlord obtained an eviction	on judgment aga	ainst you and do you want to stay in your residence?				
				No. Go to line 12.						
				Yes. Fill out <i>Initial Statement</i> bankruptcy petition.	About an Evict	ion Judgment Against You (Form 101A) and file it with this				

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	otor 1 otor 2	Walton Edward Ha Ramona Lynette H	, -		Case number (if known)
Par	t 3:	Report About Any Bu	sinesses `	You Own as a Sole Proprie	etor
12.	of an	ou a sole proprietor y full- or part-time ness?	■ No.	Go to Part 4.	
			☐ Yes.	Name and location of bu	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any	
	sole p	have more than one proprietorship, use a rate sheet and attach		Number, Street, City, Sta	ate & ZIP Code
		nis petition.		Check the appropriate b	ox to describe your business:
				☐ Health Care Bus	iness (as defined in 11 U.S.C. § 101(27A))
				☐ Single Asset Rea	al Estate (as defined in 11 U.S.C. § 101(51B))
				☐ Stockbroker (as	defined in 11 U.S.C. § 101(53A))
				☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))
				☐ None of the abov	ve
13.	Chap Bank	ou filing under oter 11 of the ruptcy Code and are a small business or?	deadlines operation	s. If you indicate that you are	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure
	For a	definition of small	■ No.	I am not filing under Cha	pter 11.
	busin	ess debtor, see 11 C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy
			☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4:	Report if You Own or	Have Any	Hazardous Property or A	ny Property That Needs Immediate Attention
14.	•	ou own or have any	■ No.		
		erty that poses or is ed to pose a threat	☐ Yes.		
	of im ident	minent and ifiable hazard to c health or safety?	— 100.	What is the hazard?	
	Or do	o you own any erty that needs ediate attention?		If immediate attention is needed, why is it needed?	
	perisi livest or a b	xample, do you own hable goods, or ock that must be fed, puilding that needs nt repairs?		Where is the property?	
		· 			Number, Street, City, State & Zip Code

	tor 1 Walton Edward Ha		r.			Case number (if known)
ar	5: Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling			
		Abo	out Debtor 1:		Abo	out Debtor 2 (Spouse Only in a Joint Case):
5.	Tell the court whether you have received a briefing about credit counseling.	You	must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.			I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate o completion.
rec c y' Y o c s fi If c w	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.			Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificat of completion.
	file. If you file anyway, the court can dismiss your case, you will less whatever filing for		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied
			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved			with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
			agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about			I am not required to receive a briefing about credit
			credit counseling because of:			counseling because of:
			☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			Active duty. I am currently on active military duty in a			Active duty. I am currently on active military duty in a military

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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	tor 1 Walton Edward Hator 2 Ramona Lynette H				Case nu	umber (if known)			
Part	6: Answer These Questi	ions for R	eporting Purposes						
	What kind of debts do	16a.		ner debts? Consum	<i>er debt</i> s are	defined in 11 U.S.C. § 101(8) as "ir	ncurred by an		
	you have?		individual primarily for a personal,			(2, 2)			
			☐ No. Go to line 16b.						
		16b.	Are your debts primarily busines money for a business or investmen						
			□ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe th	State the type of debts you owe that are not consumer debts or business debts					
17. Are you filing under Chapter 7. Go to line 18. Chapter 7?									
	Do you estimate that after any exempt property is excluded and	☐ Yes.		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		□Yes						
18.	How many Creditors do	1 -49		1 ,000-5,000		□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		☐ 5001-10,000 ☐ 10,001-25,000		☐ 50,001-100,000			
		☐ 100-1 ☐ 200-9				☐ More than100,000			
19.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10	0 million	□ \$500,000,001 - \$1 billi	ion		
	estimate your assets to be worth?		01 - \$100,000	\$10,000,001 - \$50 million			□ \$1,000,000,001 - \$10 billion		
		■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million		☐ \$10,000,000,001 - \$50 ☐ More than \$50 billion) billion		
20.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10	0 million	□ \$500,000,001 - \$1 billi	ion		
	estimate your liabilities to be?	_	001 - \$100,000	□ \$10,000,001 - \$5		□ \$1,000,000,001 - \$10			
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$ ⁻¹ □ \$100,000,001 - \$ ⁻¹		☐ \$10,000,000,001 - \$5 ☐ More than \$50 billion	0 billion		
Part	7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.							
			rney represents me and I did not pa nt, I have obtained and read the noti				this		
		I request	relief in accordance with the chapte	er of title 11, United S	States Code,	specified in this petition.			
		bankrupt and 357		50,000, or imprisonme	ent for up to	20 years, or both. 18 U.S.C. §§ 152			
			on Edward Hall, Jr. Edward Hall, Jr.		/ Ramona I amona Lyn	Lynette Hall			
			e of Debtor 1		gnature of De				
		Executed	d on July 21, 2017	Ex	ecuted on	July 21, 2017			
			MM / DD / YYYY		_	MM / DD / YYYY			

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Debtor 1 Walton Edward H Debtor 2 Ramona Lynette	· ·	Cas	e number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petit under Chapter 7, 11, 12, or 13 of title 11, United S for which the person is eligible. I also certify that	tates Code, and have e	
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, ce schedules filed with the petition is incorrect.	rtify that I have no know	ledge after an inquiry that the information in the
. •	/s/ Matthew Schmidt for LOJTO	Date	July 21, 2017
	Signature of Attorney for Debtor		MM / DD / YYYY
	Matthew Schmidt for LOJTO Printed name		
	The Law Offices of John T. Orcutt, PC		
	6616-203 Six Forks Road		
	Raleigh, NC 27615		
	Number, Street, City, State & ZIP Code		
	Contact phone (919) 847-9750	Email address	postlegal@johnorcutt.com
	51842		
	Bar number & State		

Fill	I in this infor	mation to identify your	case:					
De	btor 1	Walton Edward I	Hall, Jr.					
		First Name	Middle Name	Last Name				
	btor 2 ouse if, filing)	Ramona Lynette First Name	Hall Middle Name	Last Name				
		ankruptcy Court for the:		F NORTH CAROLINA (NC				
C-	se number							
	nown)					Check if this is an amended filing		
St Be	as complete ormation. If r	of Financial A	ble. If two married people attach a separate sheet to		Bankruptcy equally responsible for su y additional pages, write yo			
Pa	rt 1: Give	Details About Your Ma	rital Status and Where You	ı Lived Before				
1.	What is you	ır current marital statu	s?					
	■ Married □ Not ma							
2.	During the	Ouring the last 3 years, have you lived anywhere other than where you live now?						
	■ No □ Yes. Li	st all of the places you li	ved in the last 3 years. Do n	ot include where you live nov	v.			
	Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	ddress:	Dates Debtor 2 lived there		
3. stat					nity property state or territo tico, Texas, Washington and			
	■ No □ Yes. M	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).				
Pa	rt 2 Expla	in the Sources of You	r Income					
4.	Fill in the tot	al amount of income you	u received from all jobs and	ng a business during this y all businesses, including part e together, list it only once u		endar years?		
	■ No □ Yes. Fi	ll in the details.						
			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		

Official Form 107

ebtor 1 ebtor 2		lton Edwa mona Lyn	ard Hall, Jr. ette Hall		Cas	e number (if known)		
Include and c	de inc other p	ome regard oublic benef	less of wheth it payments;	e during this year or the two ler that income is taxable. Ex- pensions; rental income; inter- le and you have income that y	amples of other income are a rest; dividends; money collect	alimony; child supported from lawsuits;	royalties; an	ecurity, unemployment d gambling and lottery
List e	each s	ource and t	he gross inco	me from each source separa	tely. Do not include income t	hat you listed in lin	e 4.	
	No							
_		Fill in the de	tails.					
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.		Gross income (before deductions and exclusions)
		1 of currer led for ban	nt year until kruptcy:	Social Security/Share Cropping	\$13,930.00	Social Securi	ty	\$5,537.00
		dar year: December :	31, 2016)	Social Security/Share Cropping	\$24,804.19	Social Securi	ty	\$9,492.00
		lar year bei December :		Social Security/Share Cropping	\$23,404.35	Social Securi	ty	\$9,492.00
	No.	individual p	orimarily for a	pettor 2 has primarily consupersonal, family, or househole re you filed for bankruptcy, di	ld purpose."			1(8) as "incurred by an
		☐ Yes	List below e paid that cre not include	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years	nts for domestic support obliques to the sankruptcy case.	gations, such as ch	ild support a	and alimony. Also, do
	Yes.			r both have primarily consure you filed for bankruptcy, di		l of \$600 or more?		
		□ No.	Go to line 7					
					1 / / 1 / 4000	d the total amount.	you paid tha	
		■ Yes	include pay	each creditor to whom you pai ments for domestic support o this bankruptcy case.				
Cred	ditor's	■ Yes	include pay attorney for	ments for domestic support of	bligations, such as child sup		Also, do not i	

	btor 1 Walton Edward Hall, Jr. Ramona Lynette Hall			Case	e number (if kno	own)	
7.	Within 1 year before you filed for ba <i>Insiders</i> include your relatives; any ge of which you are an officer, director, por a business you operate as a sole propalimony.	eral partners; relati rson in control, or o	ves of any genera wner of 20% or m	I partners; partne ore of their voting	rships of whicl securities; an	n you are a genera d any managing a	al partner; corporations gent, including one for
	■ No □ Yes. List all payments to an insid	er.					
	Insider's Name and Address	Dates of p	payment	Total amount paid	Amount yo still ow		this payment
8.	Within 1 year before you filed for bainsider? Include payments on debts guarantee No Yes. List all payments to an inside	or cosigned by an		nts or transfer a	ny property o	n account of a d	ebt that benefited an
	Insider's Name and Address	Dates of p	payment	Total amount	Amount yo		this payment
Do	rt 4: Identify Legal Actions, Repos	and Fare	- alaasswaa	paid	still ow	e Include cred	itor's name
9.	Within 1 year before you filed for bat List all such matters, including personal modifications, and contract disputes. No Yes. Fill in the details. Case title		ll claims actions, d				t or custody
10.	Within 1 year before you filed for ba Check all that apply and fill in the deta No. Go to line 11. Yes, Fill in the information below.		of your property	repossessed, fo	oreclosed, ga	rnished, attached	d, seized, or levied?
	Creditor Name and Address		the Property		D	ate	Value of the property
11.	Within 90 days before you filed for laccounts or refuse to make a paym No Yes. Fill in the details. Creditor Name and Address	ankruptcy, did any nt because you o	y creditor, includ			tion, set off any a	amounts from your Amount
12.	Within 1 year before you filed for ba court-appointed receiver, a custodia No Yes			in the possessi		ken gnee for the bene	efit of creditors, a
Pai	rt 5: List Certain Gifts and Contrib	itions					
13.	Within 2 years before you filed for b No Yes. Fill in the details for each git		ı give any gifts w	ith a total value	of more than	\$600 per person	?
	Gifts with a total value of more that per person	\$600 Desc	cribe the gifts			ates you gave e gifts	Value
	Person to Whom You Gave the Gift Address:	and					

Debtor Debtor	•		c	ase number (if known)			
_	thin 2 years before you filed for bank			s with a tota	I value of more than	\$600 to any charity?		
	Yes. Fill in the details for each gift or	contribu	tion.					
m C	ifts or contributions to charities that ore than \$600 harity's Name ddress (Number, Street, City, State and ZIP Coc		Describe what you contributed		Dates you contributed	Value		
Part 6:	List Certain Losses							
	thin 1 year before you filed for bankru gambling?	uptcy o	r since you filed for bankruptcy, did y	ou lose anytl	hing because of thef	t, fire, other disaster		
■□	No Yes. Fill in the details.							
D	escribe the property you lost and	Descr	ribe any insurance coverage for the lo	ss	Date of your	Value of property		
	ow the loss occurred	Includ	e the amount that insurance has paid. Lince claims on line 33 of Schedule A/B:	ist pending	loss	lost		
Part 7:	List Certain Payments or Transfer	s						
co	Within 1 year before you filed for bankruptcy, consulted about seeking bankruptcy or prepared Include any attorneys, bankruptcy petition prepared No Yes. Fill in the details.		ing a bankruptcy petition? rs, or credit counseling agencies for serv	vices required		ty to anyone you		
A E	erson Who Was Paid ddress mail or website address erson Who Made the Payment, if Not`	You	Description and value of any proper transferred	erty	Date payment Amour or transfer was paym made			
1	DECAF 112 Goliad Street Benbrook, TX 76126-2009		\$15.00 Credit Counseling Certf	iciation	06/30/2017	\$15.00		
60	he Law Offices of John T. Orcutt 616-203 Six Forks Road aleigh, NC 27615		\$310.00 Filing Fee \$20.00 Credit Report Fee \$10.00 Pacer Search Fee \$10.00 Judgment Search Fee		06/30/2017	\$350.00		
pro	thin 1 year before you filed for bankru omised to help you deal with your cre onot include any payment or transfer tha	ditors	or to make payments to your creditors		r transfer any proper	ty to anyone who		
	No Yes. Fill in the details.							
	erson Who Was Paid ddress		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment		
tra Inc inc ■	thin 2 years before you filed for bank insferred in the ordinary course of you clude both outright transfers and transfer clude gifts and transfers that you have all No	ur busi ı s made	ness or financial affairs? as security (such as the granting of a se		erty to anyone, other			
	Yes. Fill in the details. erson Who Received Transfer		Description and value of		any property or	Date transfer was		
	ddress erson's relationship to you		property transferred	payments paid in exc	received or debts change	made		
-	, , , , , , , ,							

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 4

	otor 1 otor 2	Walton Edward Hall, Jr. Ramona Lynette Hall			Case nur	mber (if known)	
	_	ficiary? (These are often called <i>asset-pre</i>	otection devices.)				
		Yes. Fill in the details.					
	Nam	e of trust	Description and v	value of the pro	operty tran	sferred	Date Transfer was made
Pai	rt 8:	List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and S	torage Uni	its	
20.	sold, Includ	n 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso	or other financial accou	nts; certificate	s of depos		
		No Yes. Fill in the details.					
		e of Financial Institution and ress (Number, Street, City, State and ZIP	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe
21.		ou now have, or did you have within 1 or other valuables?	year before you filed for	r bankruptcy, a	any safe de	eposit box or other depos	itory for securities,
		No Yes. Fill in the details.					
		e of Financial Institution ress (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	e the contents	Do you still have it?
22.	Have	you stored property in a storage unit	or place other than you	r home within 1	1 year befo	ore you filed for bankrupto	cy?
	_	No Yes. Fill in the details.					
		e of Storage Facility ress (Number, Street, City, State and ZIP Code)	Who else has or l to it? Address (Number, S State and ZIP Code)		Describe	e the contents	Do you still have it?
Pai	rt 9:	Identify Property You Hold or Control	for Someone Else				
23.		ou hold or control any property that so omeone.	omeone else owns? Incl	ude any prope	rty you bo	rrowed from, are storing t	or, or hold in trust
		No Yes. Fill in the details.					
		er's Name ress (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	e the property	Value
Pai	rt 10:	Give Details About Environmental Info	ormation				
For	the pu	rpose of Part 10, the following definiti	ons apply:				
	Envir	conmental law means any federal, state	e, or local statute or reg	ulation concer	ning pollu	tion, contamination, relea	ses of hazardous or

- toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

	otor 1 Walton Edward Hall, Jr. otor 2 Ramona Lynette Hall		Case i	number (if known)	
24.	Has any governmental unit notified you that	you may be liable or potentially liable	under	or in violation of an environme	ental law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		nvironmental law, if you now it	Date of notice
25.	Have you notified any governmental unit of a	any release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		nvironmental law, if you now it	Date of notice
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any envir	onmei	ntal law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natur	e of the case	Status of the case
Par	t 11: Give Details About Your Business or 0	Connections to Any Business			
27.	Within 4 years before you filed for bankrupto	cy, did you own a business or have any	of the	e following connections to any	business?
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	either	full-time or part-time	
	☐ A member of a limited liability compa	any (LLC) or limited liability partnershi	ρ (LLP)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing exe	ecutive of a corporation			
	☐ An owner of at least 5% of the voting	or equity securities of a corporation			
	■ No. None of the above applies. Go to P	art 12.			
	☐ Yes. Check all that apply above and fill	in the details below for each business.			
	Business Name Address	Describe the nature of the business		Employer Identification number Do not include Social Security (
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	С	Dates business existed	
28.	Within 2 years before you filed for bankrupto institutions, creditors, or other parties.	cy, did you give a financial statement to	anyo	ne about your business? Inclu	de all financial
	■ No				

Name

Date Issued

☐ Yes. Fill in the details below.

Address (Number, Street, City, State and ZIP Code)

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Debtor 1 Walton Edward Hall, Jr.		
Debtor 2 Ramona Lynette Hall	Case number (if known)	
Part 12: Sign Below		
Fait 12. Sign below		
	nt of Financial Affairs and any attachments, and I declare under penalty of perjury th	
	aking a false statement, concealing property, or obtaining money or property by frau	ud in connection
	s up to \$250,000, or imprisonment for up to 20 years, or both.	
18 U.S.C. §§ 152, 1341, 1519, and 3571.		
/s/ Walton Edward Hall, Jr.	/s/ Ramona Lynette Hall	
Walton Edward Hall, Jr.	Ramona Lynette Hall	
Signature of Debtor 1	Signature of Debtor 2	
Date _July 21, 2017	Date	
Did you attach additional pages to Your	Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107	7)?
■ No		
☐ Yes		
Did you pay or agree to pay someone wh	o is not an attorney to help you fill out bankruptcy forms?	
■ No		
☐ Yes. Name of Person Attach the	Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

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Fill	in this inform	ation to identify	your case and th	is filin	g:					
Deb	tor 1	Walton Edw	ard Hall, Jr.							
		First Name		Name	Last Name					
	tor 2 use, if filing)	Ramona Lyı First Name		Name	Last Name					
Linit	ed States Ban	kruptov Court for	EASTERN the: EXEMPTIO	DISTR	ICT OF NORTH CAROLINA	(NC				
Office	ed States Dani	Kiupicy Court for	LIE. EXEMPTION)NS)						
Cas	e number									Check if this is an amended filing
Sc	hedule	m 106A/E A/B: P i	roperty							12/15
think inforr Answ	it fits best. Be mation. If more er every questi	as complete and space is needed, on.	accurate as possibl attach a separate si	e. If two neet to t	t only once. If an asset fits in n married people are filing toget his form. On the top of any add	ther, both are ditional pages,	equally respo	nsible for su	ıpply	ing correct
Part	1: Describe E	ach Residence, B	uilding, Land, or Ot	her Rea	Estate You Own or Have an In	iterest In				
1. D o	you own or ha	ve any legal or ed	uitable interest in a	ny resid	lence, building, land, or similar	property?				
	No. Go to Part 2	2.								
	Yes. Where is	the property?								
1.1				Wha	t is the property? Check all that ap	oply				
	229 Nixon I	Road available, or other des	ecription		Single-family home					or exemptions. Put
	Street address, ii	avallable, of other des	scription		Duplex or multi-unit building					ms on Schedule D: ecured by Property.
					Condominium or cooperative					
					Manufactured or mobile home					
	Autryville	NC	28318-0000		Land		Current val entire prop			rrent value of the ortion you own?
	City	State	ZIP Code		Investment property		\$9	6,535.00		\$96,535.00
					Timeshare		Describe th	e nature of y	our o	ownership interest
				□ Who		2 Charlena		e simple, ten e), if known.	ancy	by the entireties, or
					has an interest in the property Debtor 1 only	r Check one		,,		
	Sampson									
	County			-	Debtor 1 and Debtor 2 only		— Check	if this is con	nmun	ity property
					At least one of the debtors and	another		ructions)	iiiiuii	ity property
					r information you wish to add a erty identification number:	about this iten	n, such as lo	al		
				Res	ise & 3.86 Acres of Land idence kes and Insurance ARE I		wed*			
					lue=Luguidation Value in					

Official Form 106A/B Schedule A/B: Property page 1

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Debt Debt		Walton Edward Ha Ramona Lynette H	,		Case	number (if known)	
1.2	If you o	own or have more	than one, list		is the property? Check all that apply		
	Nixon F	Road		П	Single-family home	Do not deduct secured cl	aims or exemptions. Put
-	Street addr	ess, if available, or other des	scription	_	Duplex or multi-unit building	the amount of any secure	ed claims on Schedule D:
					Condominium or cooperative	Creditors Who Have Clai	ms Secured by Property.
					Manufactured or mobile home	Current value of the	Current value of the
_	Autryv	ille NC	28318-0000	_ =	Land	entire property?	portion you own?
	City	State	ZIP Code		Investment property	\$500.00	\$500.00
					Timeshare	Describe the nature of v	our ownership interest
					Other	(such as fee simple, ter	ancy by the entireties, or
				_	has an interest in the property? Check one	a life estate), if known.	
	•				• • • •		
_	Samps	on		_ 🗆	Debtor 2 only		
	County				Debtor 1 and Debtor 2 only	Check if this is con	nmunity property
					At least one of the debtors and another	(see instructions)	y property
					r information you wish to add about this ite erty identification number:	n, such as local	
					tes and Insurance ARE NOT Escro otor's Have Life Time Rights*		
					your entries from Part 1, including any r here		\$97,035.00
Part 2	2: Descr	ibe Your Vehicles					
some 3. C a	one else		vehicle, also rep	ort it on S	ny vehicles, whether they are registere Schedule G: Executory Contracts and Une prcycles		ehicles you own that
3.1	Make:	Chevrolet	v	Who has a	n interest in the property? Check one		
0.1	wane.	S10 Pickup LS		o iias a			laims or exemptions. Put ed claims on Schedule D:
	Model:	Extended Cab	_{V6} I	Debtor '	1 only		ims Secured by Property.
	Year:	2003		Debtor 2	2 only	Current value of the	Current value of the
	Approxi	mate mileage:			1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:			one of the debtors and another		
	VIN#:	= Clean Trade - 20 1GCCS19X338129 essive Insurance I	367	Check i	If this is community property ructions)	\$3,860.00	\$3,860.00

Official Form 106A/B Schedule A/B: Property page 2

Debt Debt		/alton Edward Hall, Jr. amona Lynette Hall	Ca	se number (if known)	
3.2	Make: Model: Year:	Buick LeSabre Sedan 4dr Custom V6 1998	Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only	the amount of any secu Creditors Who Have Co	claims or exemptions. Put ired claims on Schedule D: laims Secured by Property.
	Approxin	nate mileage: 180,545 ormation:	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
	(-\$200 VIN#: 1	= Clean Trade - 20% for mileage) G4HP52K8WH543595 ssive Insurance Policy #:	Check if this is community property (see instructions)	\$820.00	\$820.00
Exa	amples: B No Yes dd the do	oats, trailers, motors, personal wa	ond other recreational vehicles, other vehicles, and attercraft, fishing vessels, snowmobiles, motorcycle a stercraft of the sterce of the ste	oy entries for	\$4,680.00
Part 8		pe Your Personal and Household It or have any legal or equitable in	tems Interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
E:		goods and furnishings Major appliances, furniture, linens scribe	s, china, kitchenware		
		Household God	ods		\$3,635.00
E:		including cell phones, cameras, n	leo, stereo, and digital equipment; computers, printer nedia players, games	rs, scanners; music collec	ctions; electronic devices
		Electronics			\$240.00
	xamples:	other collections, memorabilia, co	prints, or other artwork; books, pictures, or other art ollectibles	objects; stamp, coin, or b	paseball card collections;
		Paintings/Art			\$5.00
E	xamples:	musical instruments	nd other hobby equipment; bicycles, pool tables, golf	f clubs, skis; canoes and	kayaks; carpentry tools;
		Recreational Ed	quipment		\$25.00
		·			

Official Form 106A/B
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	ebtor 1 ebtor 2	Walton Edwa Ramona Lyn			Cas	se number (if known)	
10.	□ No		s, shotgur	s, ammunition, an	d related equipment		
			Firearı	ns			\$600.00
11.	□ No		othes, fur	s, leather coats, de	esigner wear, shoes, accessories		
			Wearin	ng Apparel			\$200.00
	■ No □ Yes.		welry, cos	tume jewelry, eng:	agement rings, wedding rings, heirloom jewel	ry, watches, gems, go	old, silver
10.	Examp ■ No	Describe	birds, hor	ses			
14.	■ No	ner personal and			d not already list, including any health aids	s you did not list	
15					Part 3, including any entries for pages you	ı have attached	\$4,705.00
		scribe Your Financ					
Do	o you ow	n or have any le	egal or e	quitable interest i	n any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No				nome, in a safe deposit box, and on hand whe	en you file your petitio	n
						Cash	\$200.00
	Examp				counts; certificates of deposit; shares in credit ts with the same institution, list each. Institution name:	t unions, brokerage ho	ouses, and other similar
			17.1.	Checking	State Employees' Credit Union	1	\$984.00
			17.2.	Savings	State Employees' Credit Union	1	\$136.00

Official Form 106A/B Schedule A/B: Property page 4

	ebtor 1 ebtor 2	Walton Edward Hall Ramona Lynette Ha		Case number (if known)	
		17.3.	Checking	Branch Banking & Trust	\$278.00
		17.4.	Savings	Branch Banking & Trust	\$58.00
18.	Exam _l ■ No	,		okerage firms, money market accounts	
	☐ Yes.		Institution or issuer	name:	
19.		ublicly traded stock and venture	interests in incorp	orated and unincorporated businesses, including an intere	st in an LLC, partnership, and
		. Give specific information Na	about them me of entity:	% of ownership:	
20.	Negot Non-n	tiable instruments include _l	personal checks, cas	otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
	■ No □ Yes.	. Give specific information	about them		
		•	uer name:		
21.		ment or pension accoun aples: Interests in IRA, ERI		403(b), thrift savings accounts, or other pension or profit-sharing	plans
	_	. List each account separa Type	tely. of account:	Institution name:	
22.	Your s		ts you have made so	o that you may continue service or use from a company public utilities (electric, gas, water), telecommunications compa	nies, or others
	■ No			Land Start Communication Control Control	
	⊔ Yes.			Institution name or individual:	
23.	. Annuit ■ No	ties (A contract for a perio	dic payment of mone	ey to you, either for life or for a number of years)	
	Yes.	Issuer nam	ne and description.		
24.	26 U.S.	sts in an education IRA, i .C. §§ 530(b)(1), 529A(b),		qualified ABLE program, or under a qualified state tuition pr	ogram.
	■ No □ Yes.	Institution i	name and description	on. Separately file the records of any interests.11 U.S.C. § 521(c)):
25.		s, equitable or future inte	rests in property (o	other than anything listed in line 1), and rights or powers ex	ercisable for your benefit
	■ No □ Yes.	. Give specific information	about them		
26.		, , , , ,	,	nd other intellectual property eds from royalties and licensing agreements	
	☐ Yes.	. Give specific information	about them		
27.		ses, franchises, and other ples: Building permits, exc		les perative association holdings, liquor licenses, professional licens	ses
		. Give specific information	about them		
M	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 5

Debtor 1 Debtor 2	Walton Edward Ramona Lynett		Case number (if known)	
				claims or exemptions.
■ No	efunds owed to you :. Give specific informa	ation about them, including whether you already filed	d the returns and the tax years	
■ No		p sum alimony, spousal support, child support, mair	ntenance, divorce settlement, property se	ttlement
Exam	amounts someone on ples: Unpaid wages, benefits; unpaid	disability insurance payments, disability benefits, sid I loans you made to someone else	ck pay, vacation pay, workers' compensa	tion, Social Security
31. Intere	ests in insurance pol		redit, homeowner's, or renter's insurance	
	s. Name the insurance	company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
		AARP Life Insurance Policy #: 9372 Cash/Surrender Value: \$196.61 Owner: Walton Hall, Jr. Insured: Walton Hall, Jr. Beneficiary: Ramona Hall (Spouse; 81)	Ramona Hall	\$0.00
		Physicians Life Insurance Policy #: 2-526 Cash/Surrender Value: \$2,335.00 Owner: Walton Hall, Jr. Insured: Walton Hall, Jr. Beneficiary: Ramona Hall (Spouse; 81)	Ramona Hall	\$0.00
		Physicians Life Insurance Policy #: 8-449 Cash/Surrender Value: \$1,500.00 Owner: Walton Hall, Jr. Insured: Walton Hall, Jr. Beneficiary: Ramona Hall (Spouse; 81)	Ramona Hall	\$0.00
		Woodmen Life Insurance Policy #: 0320 Cash/Surrender Value: \$5,682.15 Owner: Ramona Hall Insured: Ramona Hall Beneficiary: Walton Hall, Jr. (Spouse;	Walton Hall, Jr.	\$0.00
		83)	Walton Hall, Jr.	φ υ. υ

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

Debtor 1 Debtor 2	Walton Edward H Ramona Lynette		Case number (if known)	
☐ Yes.	. Give specific informati	on		
		, whether or not you have f ment disputes, insurance cla	iled a lawsuit or made a demand for payment aims, or rights to sue	
☐ Yes.	. Describe each claim			
■ No		•	ure, including counterclaims of the debtor and rights to	set off claims
	. Describe each claim nancial assets you dic			
■ No	•	·		
☐ Yes.	. Give specific informati	on		
			including any entries for pages you have attached	\$1,656.00
Part 5: De	escribe Any Business-Re	lated Property You Own or Hav	ve an Interest In. List any real estate in Part 1.	
		equitable interest in any busir	ness-related property?	
_	o to Part 6. Go to line 38.			
		ommercial Fishing-Related Pro t in farmland, list it in Part 1.	perty You Own or Have an Interest In.	
46. Do yo	u own or have any leg	al or equitable interest in a	ny farm- or commercial fishing-related property?	
_	. Go to Part 7. s. Go to line 47.			
□ Ye	s. Go to line 47.			
Part 7:	Describe All Property	You Own or Have an Interest in	n That You Did Not List Above	
Exam	u have other property oples: Season tickets, co	of any kind you did not alro ountry club membership	eady list?	
□ No ■ Yes.	. Give specific information	on		
	П	Possible Consumer Rig	hts Claim(s).	
	;	Subject to approval of s	ettlement/award by Bankruptcy Court. ied, no specific claims are known at present.	\$0.00
	<u></u>	omess omerwise specii	ieu, no specific ciaims are known at present.	
	[.	IMPORTANT NOTICES:		
		(1) Valuation Method (So	ch. A & B): FMV unless otherwise noted.	
		drawn largely from unve and shall not be conside amount owed, interest,	osed on Sch. D, E & F are estimates only, erified information provided by the creditor, ered an admission by the Debtor(s) of the late fees, etc. Nor is this listing of a creditor dmission by the Debtor(s) that such parties are	
		actual owners of such c	laims.	\$0.00
54. Add	the dollar value of all	of your entries from Part 7.	Write that number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 7

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Debto Debto				Case number (if known)	
Part 8	List the Totals of Each Part of this Form				
55. I	Part 1: Total real estate, line 2				\$97,035.00
56. I	Part 2: Total vehicles, line 5		\$4,680.00		
57. I	Part 3: Total personal and household items, line 15		\$4,705.00		
58. I	Part 4: Total financial assets, line 36		\$1,656.00		
59. I	Part 5: Total business-related property, line 45		\$0.00		
60. I	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61. I	Part 7: Total other property not listed, line 54	+	\$0.00		
62. -	Total personal property. Add lines 56 through 61	_	\$11,041.00	Copy personal property total	\$11,041.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62	2			\$108,076.00

Official Form 106A/B Schedule A/B: Property page 8

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF NORTH CAROLINA FAYETTEVILLE DIVISION

In Re: Walton Edward Hall Jr. and Ramona Lynette Hall	Case No. Chapter 13
Social Security Nos.: xxx-xx-2936 & xxx-xx-9210	(Revised 10/28/16)
Address: 229 Nixon Road, Autryville, NC 28318	
Debtors.	

SCHEDULE C-1 - PROPERTY CLAIMED AS EXEMPT

We, Debtors, claim the following property as exempt pursuant to 11 U.S.C. § 522 and the laws of the State of North Carolina, and non-bankruptcy Federal Law.

NCGS 1C-1601(a)(1) (NC Const., Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (This exemption is not to exceed \$35,000; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner (if a child use initials only) of the property below).

Description of Property and Address	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Mortgage Holder or Lien Holder	Amount of Mortgage or Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(a)
House & 3.86 Acres of Land: 229 Nixon Road Autryville, NC 28318	\$96,535.00	(J)	Sampson Co Taxes	\$0.00	\$96,535.00	\$60,000.00

Name of forme	r co-owner:	
	VALUE OF REAL ESTATE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(1):	\$60,000.00

2. NCGS 1C-1601(a)(3) MOTOR VEHICLE: (The exemption in one vehicle, not to exceed \$3,500.00 in net value).

Debtor's Age:

Model, Year, Style of Motor Vehicle	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(3)
2003 Chevrolet S10 Pickup LS Extended Cab V6	\$3,860.00	D1	None	\$0.00	\$3,860.00	\$3,500.00

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VALUE OF MOTOR VEHICLES CLAIMED AS EXEMPT PURSUANT TO NCGS 1-C1601(a)(3):	\$3,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL AND HOUSEHOLD GOODS: (The debtor's aggregate interest is not to exceed \$5,000.00 plus \$1000.00 for each dependent of the debtor, not to exceed \$4,000 total for dependents.)

The number of dependents for exemption purposes is:___None____

Description of Property	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(4)
Clothing & Personal					\$200.00	\$200.00
Kitchen Appliances					\$0.00	\$0.00
Stove					\$10.00	\$10.00
Refrigerator					\$150.00	\$150.00
Freezer					\$100.00	\$100.00
Washing Machine					\$300.00	\$300.00
Dryer					\$300.00	\$300.00
China					\$0.00	\$0.00
Silver					\$0.00	\$0.00
Jewelry					\$0.00	\$0.00
Living Room Furniture					\$500.00	\$500.00
Den Furniture					\$500.00	\$500.00
Bedroom Furniture					\$500.00	\$500.00
Dining Room Furniture					\$150.00	\$150.00
Lawn Furniture					\$25.00	\$25.00
Television					\$150.00	\$150.00
() Stereo () VCR/DVD					\$10.00	\$10.00
() Radio () VideoCamera					\$30.00	\$30.00
Musical Instruments					\$0.00	\$0.00
() Piano () Organ					\$0.00	\$0.00
Air Conditioner					\$0.00	\$0.00
Paintings / Art					\$5.00	\$5.00
Lawn Mower					\$1,000.00	\$1,000.00
Yard Tools					\$100.00	\$100.00
Crops					\$0.00	\$0.00
Recreational Equipment					\$25.00	\$25.00
Computer Equipment					\$50.00	\$50.00
Pets & Other Animals					\$0.00	\$0.00
Firearms					\$600.00	\$600.00

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(4):

\$4,705.00

4. NCGS 1C-1601(a)(5) TOOLS OF TRADE: (The debtor's aggregate interest is not to exceed \$2,000.00 in net value.)

Description	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value	Value Claimed as Exempt Pursuance to NCGS 1C-1601(a)(5)

VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(5):

5. NCGS 1C-1601(a)(6) LIFE INSURANCE: (NC Const., Article X, Sect. 5) (Note: There is no limit on policies or amounts.)

Description	Insured	Last 4 Digits of Policy Number	Beneficiary (If child, initials only)	Cash Value
AARP Life Insurance	Walton Hall, Jr.	9372	Ramona Hall	\$196.61
Physicians Life Insurance	Walton Hall, Jr.	2-526	Ramona Hall	\$2,335.00
Physicians Life Insurance	Walton Hall, Jr.	8-449	Ramona Hall	\$1,500.00
Woodmen Life Insurance	Ramona Hall	3020	Walton Hall, Jr.	\$5,682.12

6.	NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS: Debtor or Debtor's Depen	dents. (No limit on value.) ()

Description		

7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR THE DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT. COMPENSATION NOT EXEMPT FROM RELATED LEGAL, HEALTH OR FUNERAL EXPENSE. (There is no limit on this exemption)

Description	Source of Compensation, Including Name (If child, initials only) & Last Four Digits of Account Number of any Disability Policy / Annuity
(1) Possible Consumer Rights Claim(s) (Unless specified, no specific claims are known at present)	
(2)	

The Debtors claim an exemption in any possible consumer rights claim only to the extent that the settlement/award is found by the Bankruptcy Court, upon the filing of a Motion for Approval of Settlement/Award and for Allowance of Exemptions and an Amendment to this Schedule C, to be in the nature of a personal injury claim, if allowed as exempt under applicable law, or to the extent that it is found to be other than a personal injury claim only to the extent of the dollar amount available to the Debtors under another exemption, such as the wildcard exemption, under applicable exemptions law. The time within which the trustee may object to the claiming of any exemption in this asset, shall be deemed tolled until such time as the Motion and Amendment are filed and served upon the trustee.

8. NCGS 1C-1601(a)(2) WILDCARD EXEMPTION (ANY PROPERTY): (Debtor's aggregate interest in any other property is not to exceed \$5,000.00 in net value of any unused exemption amount to which debtor is entitled under NCGS 1C-1601(a)(1)(debtor's residence exemption).

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-	1					
Description of Property and Address Any property owned by the debtor(s), not	Market Value	Owner (D1)Debtor 1 (D2)Debtor 2 (J)Joint	Lien Holder	Amount of Lien	Net Value \$0.00	Value Claimed as Exempt Pursuant to NCGS 1C-1601(a)(2) \$0.00
otherwise claimed as exempt (see * below)						
Residual Value On: House & 3.86 Acres of Land					\$36,535.00	\$10,000.00
1998 Buick LeSabre Sedan 4dr Custom V6	\$820.00	D1	None	\$0.00	\$820.00	\$0.00
3 Tracts of Land: 4.26 Acres 13.06 Acres & 9.21 Acres of Land Nixon Road Autryville, NC 28318 *Debtor's Have Life Time Rights*	\$500.00	J	Sampson Co Taxes	\$0.00	\$500.00	\$0.00
Cash		J			\$200.00	\$0.00
State Employees' Credit Union (Checking)		J			\$984.00	\$0.00
State Employees' Credit Union (Savings)		J			\$136.00	\$0.00
Branch Banking & Trust (Checking)		J			\$278.00	\$0.00
Branch Banking & Trust (Savings)		J			\$58.00	\$0.00
Residual Value On: 2003 Chevrolet S10 Pickup LS Extended Cab V6		Н			\$360.00	\$0.00

TOTAL NET VALUE:	\$39,871.00
VALUE CLAIMED AS EXEMPT PURSUANT TO NCGS 1C-1601(a)(2):	\$10,000.00
EQUITY ABOVE EXEMPTIONS:	\$29,871.00

^{*} including therewith any and all amounts on deposit, if any, as of the date of filing, in bank or investment accounts, above and beyond those amounts specifically referenced and exempted in this exemption, but only to the extent of and not exceeding the residual value available pursuant to this exemption.

^{9.} NCGS 1C-1601(a)(9) and 11 U.S.C. 522 INDIVIDUAL RETIREMENT PLANS & RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in Sections 408(a) and 408A of the Internal Revenue Code, individual retirement annuities as described in Section 408(b) of the Internal Revenue Code, accounts established as part of a trust described in Section 408(c) of the Internal Revenue Code, and funds in an account exempt from taxation under Sections 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90. (There is no limit on amount of this

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exemption. All such funds are claimed as exempt.)

Type of Account	Location of Account	Last 4 Digits of Account Number
See Schedule B		

10. NCGS. § 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under Section 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. Sections 541(b)(5)-(6), and (e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, such contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

College Savings Plan	Last 4 Digits of Account Number	Value	Initials of Child Beneficiary

11. NCGS1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENT UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the law of the State or governmental unit under which the benefit plan is established.)

Name of Retirement Plan	State or Governmental Unit	Last 4 Digits of Identifying Number

12. NCGS.1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor.)

Type of Support	Amount	Location of Funds
Any and all such items.		

13. **TENANCY BY THE ENTIRETY**: The following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(2)(B) and the law of the State of North Carolina pertaining to property held as tenants by the entirety. (Note: There is no limit on amount or number of items.)

Description of Property & Address	Market Value	Lien Holder	Amount of Lien	Net Value

14. NORTH CAROLINA PENSION FUND EXEMPTIONS:

		Amount
a.	North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31	
b.	North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9	
c.	Fireman's Relief Fund pensions N.C.G.S. § 58-86-90	
d.	Fraternal Benefit Society benefits N.C.G.S. § 58-24-85	
e.	Benefits under the Supplemental Retirement Income Plan for teachers and state employees are exempt from levy, sale, and garnishment N.C.G.S. § 135-95	
f.	Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment N.C.G.S. § 143-166.30(g)	

15. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

		Amount
a.	Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36	
b.	Aid to the Blind N.C.G.S. § 111-18	
c.	Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15	
d.	Workers Compensation benefits N.C.G.S. § 97-21	
e.	Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17	
f.	Group insurance proceeds N.C.G.S. § 58-58-165	
g.	Partnership property, except on a claim against the partnership N.C.G.S. § 59-55	
h.	Wages of debtor necessary for the support of family N.C.G.S. § 1-362 ** Any and all amounts on deposit in checking, savings or other accounts on the date of filing, if any, above and beyond amounts claimed under the wildcard exemption, that qualify pursuant to the requirements of this exemption.	See ** (to left)
i.	Benefits under the Separate Insurance Benefits Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment N.C.G.S. § 143-166.60(h)	
j.	Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment N.C.G.S. § 147-9.4	

16. FEDERAL PENSION FUND EXEMPTIONS:

		Amount
a. Foreign Service Retirement and Disability Payments 22 U.S.C	§ 4060	
b. Civil Service Retirement Benefits 5 U.S.C. § 8346		
c. Railroad Retirement Act annuities and pensions 45 U.S.C. § 23	1m	
d. Veteran benefits 38 U.S.C. § 5301		
e. Special pension paid to winners of Congressional Medal of Ho	nor 38 U.S.C. § 1562	
f. Annuities payable for service in the General Accounting Office	31 U.S.C. § 776	

17. OTHER EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

	Amount
a. Social Security Benefits 42 U.S.C. § 407	
b. Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717	
c. Wages owing a master or seaman, except for support of a spouse and/or minor children 46 U.S.C. § 11109	
d. Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916	
e. Crop insurance proceeds 7 U.S.C. § 1509	
f. Public safety officers' death benefits 42 U.S.C. § 3796. See subsection (g).	
g. Railroad unemployment insurance 45 U.S.C. § 352. See subsection (e).	

18. RECENT PURCHASES

(a) List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

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Description	Market Value	Lien Holder	Amount of Lien	Net Value

(b) List any tangible personal property from 18(a) that is directly traceable to the liquidation or conversion of property that may be exempt

and that was not acquired by transferring or using additional property.

Description of Replacement Property	Description of Property Liquidated or Converted that May Be Exempt

- 19. The debtor's property is subject to the following claims:
 - a. Of the United States or its agencies as provided by federal law
 - b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds
 - c. Of a lien by a laborer for work done and performed for the person
 - d. Of a lien by a mechanic for work done on the premises, but only as to specific property affected
 - e. For payment of obligations contracted for the purchase of specific real property affected
 - f. For contractual security interests in specific affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contract for a nonpossessory, nonpurchase money security interest in any such goods
 - g. For statutory liens, on the specific property affected, other than judicial liens
 - h. For child support, alimony or distributive award order pursuant to Chapter 50 of the General Statutes of North Carolina
 - i. For criminal restitution orders docketed as civil judgments pursuant to NCGS 15A-1340.38
 - j. Debts of a kind specified in 11 U.S.C. 523(a)(1) (certain taxes), (5) (domestic support obligations)
 - k. Debts of a kind specified in 11 U.S.C. 522(c)

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
See schedules filed in this case.					

None of the property listed in paragraph 18(a), except qualified replacement property under 18(b) and except as may constitute reasonable and allowable prepetition exemption planning, has been included in this claim of exemptions. None of the claims listed in paragraph 19 is subject to this claim of exemptions. I declare that to the extent any exemptions I have claimed appear on its face to exceed the amount allowed by the applicable statute, I claim only the maximum amount allowed by statute.

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

We Debtors, declare under penalty of perjury that we have read the foregoing Schedule C-1 Property Claimed as Exempt, consisting of 19 paragraphs on consecutive pages, and that they are true and correct to the best of our knowledge, information and belief.

Executed on: 7/21/17

s/ waiton Edward Hall Jr.
Walton Edward Hall Jr.
s/ Ramona Lynette Hall
Ramona Lynette Hall

a/Walton Edward Hall In

	nation to identify you				
Debtor 1	Walton Edward First Name	Hall, Jr. Middle Name Last Name			
Debtor 2	Ramona Lynette				
(Spouse if, filing)	First Name	Middle Name Last Name			
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF NORTH CAROLINA EXEMPTIONS)	A (NC		
Case number					
(if known)				☐ Check	if this is an
				ameno	led filing
Official Form	106D				
		VAII I I Ola la Carana			
Schedule	D: Creditors	Who Have Claims Secured	by Propert	у	12/15
		f two married people are filing together, both are equout, number the entries, and attach it to this form. Or			
1. Do any creditors	have claims secured by	your property?			
☐ No. Check	this box and submit th	nis form to the court with your other schedules. Yo	ou have nothing else t	o report on this form.	
Yes. Fill in	all of the information b	pelow.			
Part 1: List Al	I Secured Claims				
2. List all secured	claims. If a creditor has n	nore than one secured claim, list the creditor separately	Column A	Column B	Column C
much as possible, li	st the claims in alphabetic	a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
Collector*		Describe the property that secures the claim:	\$0.00	\$96,535.00	\$0.00
Creditor's Name		229 Nixon Road Autryville, NC 28318 Sampson County House & 3.86 Acres of Land: Residence *Taxes and Insurance ARE NOT Escrowed* *Value=Luquidation Value in Hypothetical CH 7* As of the date you file, the claim is: Check all that			
	e Box 207	apply.			
	C 28329-0207	Contingent			
inuitibet, offeet,	, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the de	bt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only		☐ An agreement you made (such as mortgage or sec car loan)	ured		
■ Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
_	ne debtors and another	☐ Judgment lien from a lawsuit		–	
☐ Check if this cla community de		Other (including a right to offset) Real Prope	rty Taxes - Not Inc	luded In Escrow	
Date debt was incu	urred <u>2017</u>	Last 4 digits of account number			
2.2 Sampson Collector*	County Tax	Describe the property that secures the claim:	\$0.00	\$500.00	\$0.00

Debtor 1 Walton Edward Hall, Jr.						Case number (if know)			
			dle Name	Last Name					
Debtor 2	Ramona	Lynette Ha	II						
	First Name	Mic	ldle Name	Last Name	_				
Cred	editor's Name		Nivon F	Road Autryville, NC	28318	1			
				•	20310				
				Sampson County 3 Tracts of Land:					
				res, 13.06 Acres & 9	.21				
			Acres	,					
			1	sidence					
			*Taxes	and Insurance ARE	NOT				
			Escrow	red*					
			Debto	r's Have Life Time R	ights				
Po	ost Office Box 207 linton, NC 28329-0207 Imber, Street, City, State & Zip Code		date you file, the claim is	Check all that	_				
		<u></u>	apply. Contingent						
		_	•						
Num									
Who owe	s the debt?	Chock one		☐ Disputed Nature of lien. Check all that apply.					
_		Check one.		_					
☐ Debtor	•			An agreement you made (such as mortgage or secured car loan)					
Debtor	<u>-</u>		_	•					
Debtor	1 and Debto	r 2 only	☐ Statute	ory lien (such as tax lien, me	echanic's lien)				
☐ At leas	t one of the o	lebtors and anot	her 🔲 Judgm	ent lien from a lawsuit					
	ck if this claim relates to a nmunity debt	Other	(including a right to offset)	Real Prop	perty Taxes - Not Included In Escrow				
Date debt	was incurre	ed 2017	La	st 4 digits of account nun	nber				
Add the	dollar value	of your entries	in Column A or	n this page. Write that nur	nber here:	\$0.00			
	the last pag at number h		add the dollar	value totals from all pages	i <u>.</u>	\$0.00			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

							•	
Fill	l in this inforn	nation to identify your o	case:					
Do	btor 1	Walton Edward U	all le					
De	DIOI I	Walton Edward Ha	Middle Na	ne Last Na	ıme			
De	btor 2	Ramona Lynette H	-lali					
	ouse if, filing)	First Name	Middle Na	ne Last Na	ime			
Un	ited States Bai	nkruptcy Court for the:	EASTERN D EXEMPTION	ISTRICT OF NORTH CAF IS)	ROLINA (NC	:		
Ca	se number							
	nown)						☐ Check	if this is an
							amend	ded filing
Sc		/F: Creditors W		Unsecured Clain				12/15
Sch left. nam	edule D: Credito Attach the Con ne and case nun	ors Who Have Claims Secu	ured by Propert e. If you have n	icial Form 106G). Do not ind	copy the Part	you need, fill it out, i	number the entries i	in the boxes on the
1.		ors have priority unsecured	a ciaims agains	r you r				
	No. Go to P	art 2.						
	Yes.							
2.	identify what typ possible, list the	be of claim it is. If a claim ha e claims in alphabetical orde	s both priority an	s more than one priority unsect d nonpriority amounts, list that e creditor's name. If you have the other creditors in Part 3.	it claim here a	nd show both priority a	nd nonpriority amour	nts. As much as
	(For an explana	ation of each type of claim, s	ee the instruction	ns for this form in the instruction	on booklet.)			
						Total claim	Priority amount	Nonpriority amount
2.1		Revenue Service (E	D)** Las	st 4 digits of account number	er	\$0.00	\$0.00	\$0.00
	,	editor's Name	14/1-	4b - dab4 i d0	40/04/0	04.0		
		fice Box 7346 Iphia, PA 19101-7346		en was the debt incurred?	12/31/2	U16		
		reet City State Zlp Code		of the date you file, the clai	m is: Check a	all that apply		
	Who incurred	the debt? Check one.		Contingent		11.7		
	Debtor 1 o	nly	_	Unliquidated				
	Debtor 2 o	nly	_	Disputed				
	Dehtor 1 a	nd Debtor 2 only		Disputed be of PRIORITY unsecured o	claim:			
	_	e of the debtors and anothe		Domestic support obligations				
	_		_	Taxes and certain other debts		government		
		his claim is for a commun subject to offset?		Claims for death or personal	,	0		
	No	abject to onset?			injury write yo	ou were intoxicated		
	■ No □ Yes		Ц	Other. Specify	Obligation	n/Federal Income	Taves	_
	res ⊥			PUSSIBLE	Uningation	wi eucial illuullie	IANCO	

	Walton Edward Hall, Jr. Ramona Lynette Hall		Case numb	Der (if know)		
2.2	North Carolina Dept. of Revenue**	Last 4 digits of account number		\$0.00	\$0.00	\$0.00
F	Priority Creditor's Name Post Office Box 1168 Raleigh, NC 27602-1168	When was the debt incurred?	12/31/2016			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that	apply		
Who	incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
	At least one of the debtors and another	☐ Domestic support obligations				
	Check if this claim is for a community debt	Taxes and certain other debts	ou owe the gove	rnment		
	ne claim subject to offset?	☐ Claims for death or personal in				
	-	Other. Specify				
	′es		bligation/Sta	ate Income Tax	es	
2.3	The Law Offices of John T. Orcutt	Last 4 digits of account number		\$4,950.00	\$4,950.00	\$0.00
6	Priority Creditor's Name 6616-203 Six Forks Road Raleigh, NC 27615	When was the debt incurred?	2017			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that	apply		
Who	incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:			
	At least one of the debtors and another	☐ Domestic support obligations				
	Check if this claim is for a community debt	☐ Taxes and certain other debts	you owe the gove	rnment		
Is th	ne claim subject to offset?	☐ Claims for death or personal in	jury while you wer	e intoxicated		
I		Other. Specify Administra	ative Expense	es		
	/es	Legal Fees	6			
Part 2:	List All of Your NONPRIORITY Unsecu	red Claims				
3. Do ar	– ny creditors have nonpriority unsecured claim	ns against you?				
□ No	b. You have nothing to report in this part. Submit	this form to the court with your other	schedules.			
■ Ye	es.					
unsec	Ill of your nonpriority unsecured claims in the cured claim, list the creditor separately for each cl one creditor holds a particular claim, list the other c.	laim. For each claim listed, identify w	hat type of claim it	t is. Do not list claims	s already included in Par	t 1. If more

Total claim

	Walton Edward Hall, Jr. Ramona Lynette Hall	Ca	ase number (if know)		
	IMPORTANT NOTICE:	\$0.00			
S	lonpriority Creditor's Name See notice re: creditor claims set orth on Schedule A	When was the debt incurred?			
	lumber Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: (Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured cla	aim:		
	☐ Check if this claim is for a community	☐ Student loans			
	lebt s the claim subject to offset?	☐ Obligations arising out of a separation report as priority claims	on agreement or divorce that you did not		
	No	☐ Debts to pension or profit-sharing pl	ans, and other similar debts		
	Yes	Other. Specify			
	Bank of America **	Last 4 digits of account number 9	310	\$12,348.44	
P	lonpriority Creditor's Name Post Office Box 982235 El Paso, TX 79998-2235	When was the debt incurred?	978		
N	lumber Street City State Zlp Code				
	Who incurred the debt? Check one.				
_	Debtor 1 only				
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured cla	aim:		
	☐ Check if this claim is for a community	☐ Student loans			
	lebt s the claim subject to offset?	☐ Obligations arising out of a separation report as priority claims	on agreement or divorce that you did not		
	No	☐ Debts to pension or profit-sharing pl	ans, and other similar debts		
	Yes	Other. Specify Credit Card P	urchases		
	Branch Banking & Trust **	Last 4 digits of account number 7	876	\$12,315.40	
Δ	Ionpriority Creditor's Name Attn: Bankruptcy Managing Agent Post Office Box 1847	When was the debt incurred?	969		
N	Vilson, NC 27894-1847 Jumber Street City State Zlp Code Vho incurred the debt? Check one.	As of the date you file, the claim is: 0	Check all that apply		
_	Debtor 1 only	☐ Contingent			
	Debtor 2 only				
_	Debtor 1 and Debtor 2 only				
_	_				
	The least one of the debtors and another				
d	☐ Check if this claim is for a community lebt steeps as the claim subject to offset?	☐ Obligations arising out of a separation report as priority claims			
_	■ No	☐ Debts to pension or profit-sharing pl	ans, and other similar debts		
	☐ Yes ☐ Other. Specify Credit Card Purchases				

Official Form 106 E/F

	1 Walton Edward Hall, Jr. 2 Ramona Lynette Hall		Case number (if know)		
4.4	Branch Banking & Trust **	Last 4 digits of account number	3450	\$4,961.27	
	Nonpriority Creditor's Name Attn: Bankruptcy Managing Agent Post Office Box 1847 Wilson, NC 27894-1847	When was the debt incurred?	1977		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharin			
	Yes	■ Other. Specify Credit Card	l Purchases		
4.5	Chase Slate **	Last 4 digits of account number	5663	\$11,306.72	
	Nonpriority Creditor's Name Post Office Box 15298 Wilmington, DE 19850-5298	When was the debt incurred?	1992		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim			
	☐ Debtor 1 only ☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims			
	No	☐ Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Credit Card	I Purchases		
4.6	Sears **	Last 4 digits of account number	4790	\$8,072.03	
	Nonpriority Creditor's Name Post Office Box 6282 Sioux Falls, SD 57117-6282	When was the debt incurred?	1977		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim			
	■ Debtor 1 only	y Contingent			
	☐ Debtor 2 only ☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Debtor 2 only			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not		
	No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Credit Card	l Purchases		

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	1 Walton Edward Hall, Jr.2 Ramona Lynette Hall		Case number (if know)	
4.7	Synchrony Bank (Lowe's) Nonpriority Creditor's Name	Last 4 digits of account number	2714	\$4,904.53
	Atttn. Bankruptcy Dept Post Office Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	1991	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	I Purchases	
4.8	Synchrony Bank (Walmart)	Last 4 digits of account number	0729	\$2,503.73
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. Post Office Box 965060 Orlando, FL 32896-5060	When was the debt incurred?	2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only			
	☐ At least one of the debtors and another	d claim:		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	I Purchases	
Part 3:	List Others to Be Notified About a D	ebt That You Already Listed		
is tryi have ı	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor in nat you listed in Parts 1 or 2, list the addi	Parts 1 or 2, then list the collection agency	here. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did you		
	of America ** Office Box 15220		Part 1: Creditors with Priority Unsecured Clair	
	ngton, DE 19850-5220	-	Part 2: Creditors with Nonpriority Unsecured	Claims
		Last 4 digits of account number		
	nd Address Of America **	On which entry in Part 1 or Part 2 did you Line 4.2 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Clair	ms
	Box 15019		Part 2: Creditors with Nonpriority Unsecured	
Wilmi	ngton, DE 19886	Last 4 digits of account number		
		•		
	nd Address h Banking & Trust	On which entry in Part 1 or Part 2 did you Line 4.3 of (<i>Check one</i>):	list the original creditor? I Part 1: Creditors with Priority Unsecured Clair	me
	Office Box 698		Part 2: Creditors with Nonpriority Unsecured	
Wilso	n, NC 27894-0698		- 1 art 2. Groundle with Nonphority Onsecured	Sidii 110
		Last 4 digits of account number		
NC De	nd Address epartment of Justice	On which entry in Part 1 or Part 2 did you Line 2.2 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Clair	ms
IOT NC	Department of Revenue			

Official Form 106 E/F

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Debtor 1 Walton Edward Hall, Jr. Debtor 2 Ramona Lynette Hall	Case number (if know)
Post Office Box 629 Raleigh, NC 27602-0629	☐ Part 2: Creditors with Nonpriority Unsecured Claims
Naicigii, 110 27 002 0023	Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Synchrony Bank***	Line 4.8 of (Check one):
ATTN: Bankruptcy Dept. Post Office Box 965061 Orlando, FL 32896-5061	■ Part 2: Creditors with Nonpriority Unsecured Claims
Change, 1 E 32030 0001	Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Synchrony Bank***	Line 4.7 of (Check one):
ATTN: Bankruptcy Dept. Post Office Box 965061 Orlando, FL 32896-5061	Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
U.S. Attorney General	Line 2.1 of (<i>Check one</i>):
U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001	☐ Part 2: Creditors with Nonpriority Unsecured Claims
washington, Do 20000-0001	Last 4 digits of account number
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
US Attorney's Office (ED)**	Line 2.1 of (<i>Check one</i>):
310 New Bern Avenue Suite 800, Federal Building	☐ Part 2: Creditors with Nonpriority Unsecured Claims
Raleigh, NC 27601-1461	Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	otal Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					_
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	4,950.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	4,950.00
				7	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	56,412.12
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	56,412.12

Fill in this inform	Fill in this information to identify your case:					
Debtor 1	Walton Edward H	all, Jr.				
	First Name	Middle Name	Last Name			
Debtor 2	Ramona Lynette	Hall				
(Spouse if, filing)	First Name	Middle Name	Last Name			
	kruptcy Court for the:	EASTERN DISTRICT O EXEMPTIONS)	F NORTH CAROLINA (NC			
(if known)						Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	<u> </u>		- Cidio		
2.0	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	-

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					_
Fill in this	s information to identify	vour case:			
Debtor 1					
Debioi i	Walton Edwa First Name	Middle Name	Last Name		
Debtor 2	Ramona Lyn	ette Hall			
(Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for t		OF NORTH CAROLINA	(NC	
Case num	nber				
(if known)					☐ Check if this is an
					amended filing
Schec Codebtors people are fill it out, a	e filing together, both are and number the entries in	who are also liable for any de e equally responsible for sup n the boxes on the left. Attac	plying correct informath the Additional Page	tion. If more space is n	12/15 ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
•	,	own). Answer every questions? (If you are filing a joint case,		e as a codebtor.	
= v					
■ No □ Yes					
	3				
		e you lived in a community p siana, Nevada, New Mexico, P			
■ No	. Go to line 3.				
		r spouse, or legal equivalent liv	ve with you at the time?		
	,				
in line Form out C	e 2 again as a codebtor o 106D), Schedule E/F (Of column 2.	only if that person is a guara fficial Form 106E/F), or Sched	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebto Name, Number, Street, City, State			Column 2: The cre Check all schedule	editor to whom you owe the debt
	,,,,,			Crieck all scriedule	во тат арргу.
3.1				D Schedule D, lin	e
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
-	Number Street			_	
	City	State	ZIP Code		
				По	
3.2	Name			Schedule D, lin	
				☐ Schedule E/F, I☐ Schedule G, lin	
-				— Scriedule G, IIN	<u> </u>
	Number Street City	State	ZIP Code		
	Ony	State	ZIF COUG		

Schedule H: Your Codebtors Official Form 106H

Fill	in this information to ic	dentify your ca	se:							
Del	btor 1 _V	Valton Edwa	rd Hall, Jr.			_				
1	btor 2 Rouse, if filing)	amona Lyn	ette Hall			_				
Uni	ited States Bankruptcy	Court for the:	EASTERN DISTRICT EXEMPTIONS)	OF NORTH CAROL	INA (NC					
	se number			-				ded filing ment showir	ng postpetition ch	apter
0	fficial Form 1	061					MM / DD			
S	chedule I: Yo	our Inco	me				IVIIVI / DD			12/15
spo atta	use. If you are separa ch a separate sheet t	ated and your	re married and not fili spouse is not filing w In the top of any additi	ith you, do not inclu	ude infor	mati	on about your s	pouse. If m	ore space is ne	eded,
1.	Fill in your employs information.	ment		Debtor 1			Debto	r 2 or non-f	iling spouse	
	If you have more tha		Employment status	☐ Employed	☐ Employed			☐ Employed		
	attach a separate pa information about ad		Employment status	■ Not employed			■ Not	employed		
	employers.		Occupation	Retired			Retire	ed		
	Include part-time, se self-employed work.	asonal, or	Employer's name							
	Occupation may incl or homemaker, if it a		Employer's address							
			How long employed t	here?						
Pai	rt 2: Give Detail	s About Mont	hly Income							_
	imate monthly incomo		te you file this form. If	you have nothing to	report for	any	line, write \$0 in the	ne space. In	clude your non-fi	ling
	ou or your non-filing spo e space, attach a sepa		re than one employer, conis form.	ombine the information	on for all e	emplo	oyers for that per	son on the l	ines below. If you	ı need
							For Debtor 1		ebtor 2 or ling spouse	
2.			, and commissions (balculate what the month)		2.	\$	0.00) \$	0.00	
3.	Estimate and list m	onthly overting	ne pay.		3.	+\$	0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

\$

0.00

0.00

For Debtor 1 For Debtor 2 or non-filling spouse Social Security deductions Sa. \$ 0.00 \$ 0.00	Debi	tor 1 tor 2	Walton Edward Hall, Jr. Ramona Lynette Hall	-	(Case	e number (if known)			
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for voluntary contributions 5d. Voluntary contributions for voluntary contributions 5d. Voluntary contributions 5d. Voluntary contributions for voluntary contributions 5d. Voluntary contributions for voluntary contributions 5d. Voluntary contributions for voluntary contributions for voluntary contributions for voluntary contributions for voluntary contributions. 5d. Add the paryoll deductions. Specify: 5d. Add the particle of the par									on-filing spouse	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5d. No. Voluntary contributions for retirement fund loans 5d. Add the paryorld deductions. Add lines 5a+5b+5c+5d+5e+		Сор	y line 4 here	4.		\$_	0.00	\$	0.00	
5.5. Mandatory contributions for retirement plans 5.0. 5.0.00 \$ 0.00	5.	List	all payroll deductions:							
55. Voluntary contributions for retirement plans 56. S 0.00 \$ 0.00 56. Insurance 56. S 0.00 \$ 0.00 57. Domestic support obligations 57. S 0.00 \$ 0.00 58. Union dues 59. Voluntary contributions. Specify: 50. Add the payerol deductions. Add lines 5a+5b+5c+5d+		5a.	Tax, Medicare, and Social Security deductions	5a	à.	\$	0.00	\$	0.00	
5.6. Required repayments of retirement fund loans 5.6. Insurance 5.6. Insurance 5.7. Domestic support obligations 5.8. Insurance 5.9. Union dues 6. Union dues 6. Union dues 6. Solid Security 6. Union dues 6. U		5b.	Mandatory contributions for retirement plans	5b).	\$_	0.00	\$	0.00	
56. Insurance 57. S 0.00 S 0.00 59. Union dues 59. Union dues 50. Other deductions. Specify: 50. Other deductions. Specify: 51. S 0.00 S 0.00 53. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. S 0.00 S 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. S 0.00 S 0.00 8. Usis all other income regularly received: 8a. Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly in et income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. S 0.00 S 0.00 8d. Other government assistance that you regularly receive include asimony, spousal support, benefits under the Supplemental Nutrition Assistance Program) or housing subsides. 8pecify: Social Security (\$18,560,00 Gross -\$180.40 Insurance) 8d. Other government income 8d. S 0.00 S 0.00 8d. Other government assistance and the value (if known) of any non-cash assistance that you receive, succurity (\$18,560,00 Gross -\$180.40 Insurance) 8d. Social Security (\$791.00 Gross -\$177.40 Insurance) 8d. Social Security (\$791.00 Gross -\$177.40 Insurance) 8d. Social Security (\$791.00 Gross -\$177.40 Insurance) 8d. Other monthly income. Specify: 8d. S 1,831.93 8d. S 138.93		5c.	Voluntary contributions for retirement plans	5c).	\$	0.00	\$	0.00	
59. Union dues 59. Union dues 59. Union dues 59. Union dues 59. S. 0.000 \$ 0.000 59. Other deductions. Specify: 59. \$ 0.000 \$ 0.000 59. Other deductions. Specify: 59. \$ 0.000 \$ 0.000 59. 0.000 \$ 0.0000 59. 0.000 \$ 0.0000 59. 0.		5d.	Required repayments of retirement fund loans	5d	d.		0.00	\$	0.00	
5g. Union dues 5g. 0.000 \$ 0.0000 \$ 0.0000 \$ 0.0000 \$ 0.0000 \$ 0.0000 \$ 0.0000 \$ 0.0000 \$ 0.0000 \$ 0.0000 \$ 0						· -		\$_	0.00	
5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ 0.00 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and from operating a business, profession, or farm. Attach a statement for each property and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$			••			٠ –		\$_		
6. Add the payroll deductions. Add lines 5a+5b+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+5c+		-		_		. –		\$		
 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ 0.00 8. List all other income regularly received: 8a. Net income from tental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$791.00 Gross - \$180.40 Insurance) 8g. Pension or retirement income 8g. Pension or retirement income 8h. other monthly income. Add line 8 a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 9. Add all other income. Add line 7 + line 9. 10. Calculate monthly income. Add line 7 + line 9. 10. Calculate monthly income. Add line 7 + line 9. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 10. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 10. Do you expe		5h.	Other deductions. Specify:	_ 5h	1.+	\$_	0.00	+ \$	0.00	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross Receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensystiement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$791.00 Gross - \$177.40 Insurance) 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,673.60 \$ 0.00 Social Security (\$791.00 Gross - \$177.40 Insurance) 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. 11. \$ 2,445.53 Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilitie	6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.00	\$	0.00	
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrificon Assistance Program) or housing subsidies. Specify: Social Security (\$791.00 Gross - \$177.40 Insurance) 8g. \$ 0.00 \$ 613.60 8g. Pension or retirement income 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.00	\$_	0.00	
monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ 0.00 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you require the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$1,854.00 Gross - \$177.40 Insurance) 8g. Pension or retirement income 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. **Source Polymon Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$1,854.00 Gross - \$180.40 Insurance) 8g. Pension or retirement income 8g. \$ 0.00 \$ 613.60 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it papers. 12. \$ 2,445.53				8a	a .	\$	158.33	\$	0.00	
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$1,854.00 Gross - \$180.40 Insurance) 8g. \$ 0.00 \$ 613.60 8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00 Social Security (\$791.00 Gross - \$177.40 Insurance) 8h. Other monthly income. Specify: 8h. ↑ 0.00 \$ 613.60 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. + \$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it specifies. 12. \$ 2,445.53 Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form?		8b.	Interest and dividends	8b).	\$	0.00	\$	0.00	
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$791.00 Gross - \$180.40 Insurance) 8g. Pension or retirement income 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. 4 \$ 0.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form?		8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce) .	\$	0.00	\$	0.00	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$7,854.00 Gross - \$180.40 Insurance) Social Security (\$791.00 Gross - \$177.40 Insurance) 8g. \$ 0.00 \$ 613.60 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 1,673.60 \$ 0.00 Social Security (\$791.00 Gross - \$177.40 Insurance) 9. \$ 1,831.93 \$ 613.60 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 9. Add all other income. Add lines 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,445.53		8d.								
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (\$1,854.00 Gross - \$180.40 Insurance) Social Security (\$791.00 Gross - \$177.40 Insurance) 8g. Pension or retirement income 8h. Other monthly income. Specify: 9. Add all other income. Add line 8 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$1,831.93 \$613.60 \$2,445.53 \$61		8e.		8e) .	\$		\$		
8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 14. \$ 2,445.53		8f.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			\$_	1,673.60	\$	0.00	
8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 14. \$ 2,445.53			Social Security (\$701.00 Gross - \$177.40 Insurance)			\$	0.00	\$	613 60	
8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,831.93 \$ 613.60 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income No.		8a		_ 8a	1					
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{1,831.93}{\$}\$		-		_		· -		· -		
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?										1
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form?	9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	\$	1,831.93	\$_	613.60	
 State all other regular contributions to the expenses that you list in <i>Schedule J</i>. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i>. Specify: 11. +\$ 0.00 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i>, if it applies Do you expect an increase or decrease within the year after you file this form? No. 	10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		1,831.93 + \$		613.60 = \$	2,445.53
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies 13. Do you expect an increase or decrease within the year after you file this form? No.		Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$\frac{2,445.53}{Combined monthly income}}\$ No.	11.	Incluothe Do r	ide contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depe				,	Schedule J.	0.00
13. Do you expect an increase or decrease within the year after you file this form? No.	12.	Write	e that amount on the Summary of Schedules and Statistical Summary of Certai							2,445.53
13. Do you expect an increase or decrease within the year after you file this form? No.										
☐ Yes. Explain: None	13.	Do y	•	?					monthly	income
			Yes. Explain: None							

Official Form 106I Schedule I: Your Income page 2

Fill in	n this informa	ation to identify yo	our case:					
Debto	or 1	Walton Edw	ard Hall,	Jr.		Check	if this is:	
Debto	or 2	D 1				_	n amended filing	
	use, if filing)	Ramona Lyr	iette Haii					ving postpetition chapter the following date:
'			. EASTE		LCAROLINIA	_	MM / DD / YYYY	
Unite	d States Bank	ruptcy Court for the		RN DISTRICT OF NORTH (EMPTIONS)		IN IN	/IIVI / DD / TTTT	
Case (If kno	number own)							
Off	ficial Fo	orm 106J						
Sc	hedule	J: Your	Exper	nses				12/15
Be a infor num	s complete mation. If n ber (if know	and accurate as nore space is ne n). Answer eve	s possible eded, atta ry questio	. If two married people ar				
Part 1.	Is this a join	ribe Your House nt case?	enoid					
	☐ No. Go to							
	Yes. Doe	es Debtor 2 live	in a separ	ate household?				
			st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Debto	or 2	
			_	arr 0111 1000 2, <i>Expone</i> 00	ror coparato ricaco	77014 01 20210		
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No
								☐ Yes ☐ No
								□ NO □ Yes
								□ No
								☐ Yes
3.	expenses of	penses include of people other t d your depende	han $_{\square}$	No Yes				
expe	mate your e	a date after the	our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the v		h assistance an		government assistance i cluded it on <i>Schedule I: Y</i>			Your exp	enses
		or home owners nd any rent for th		nses for your residence. In or lot.	nclude first mortgage	e 4. \$		0.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		167.96
		erty, homeowner's				4b. \$		77.67
				upkeep expenses		4c. \$		50.00
5.		eowner's associat		dominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00
J.	Auditional	o. igage payiii	unto fut ye	our residence, such as 1101	ino oquity idalis	υ. φ		0.00

Debtor '	•			
Debtor 2	Ramona Lynette Hall	Case num	ber (if known)	
6. Uti	lities:			
o. O ti 6a.		6a.	\$	155.00
6b.	<i>y</i>	6b.	· :	0.00
6c.		6c.	\$	144.00
6d.		6d.	\$	0.00
	od and housekeeping supplies	— 7.	\$	400.00
	ildcare and children's education costs	8.	\$	0.00
_	othing, laundry, and dry cleaning	9.	\$	19.00
	rsonal care products and services	10.	\$	24.86
	dical and dental expenses	11.	·	134.00
	ansportation. Include gas, maintenance, bus or train fare.		Ψ	134.00
	not include car payments.	12.	\$	125.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	36.00
	aritable contributions and religious donations	14.	\$	0.00
5. Ins	surance.			
Do	not include insurance deducted from your pay or included in lines 4 or 20.			
15	a. Life insurance	15a.	\$	0.00
151	p. Health insurance	15b.	\$	415.22
150	c. Vehicle insurance	15c.	\$	89.66
150	d. Other insurance. Specify: Whole Life Insurance	15d.	\$	111.16
6. Ta :	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Sp	ecify: Personal Property Taxes	16.	\$	25.00
'. Ins	stallment or lease payments:			
178	a. Car payments for Vehicle 1	17a.	\$	0.00
171	o. Car payments for Vehicle 2	17b.	\$	0.00
170	c. Other. Specify:	17c.	\$	0.00
170	d. Other. Specify:	17d.	\$	0.00
. Yo	ur payments of alimony, maintenance, and support that you did not report as	<u> </u>	_	
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
Otl	her payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	_	
	her real property expenses not included in lines 4 or 5 of this form or on Sch			2.22
	a. Mortgages on other property	20a.	·	0.00
	p. Real estate taxes	20b.	·	0.00
	c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	e. Homeowner's association or condominium dues	20e.	· .	0.00
. Otl	her: Specify: Chapter 13 Plan Payment	21.	+\$	471.00
Ca	Iculate your monthly expenses			
	a. Add lines 4 through 21.		\$	2,445.53
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2 445 52
220	5. Add life 22a and 22b. The result is your monthly expenses.		Φ	2,445.53
	Iculate your monthly net income.			
23	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,445.53
231	c. Copy your monthly expenses from line 22c above.	23b.	-\$	2,445.53
				,
230	c. Subtract your monthly expenses from your monthly income.		c	0.00
	The result is your monthly net income.	23c.	\$	0.00
For mo	you expect an increase or decrease in your expenses within the year after y example, do you expect to finish paying for your car loan within the year or do you expect you diffication to the terms of your mortgage?	ou file this ir mortgage	s form? payment to increase	e or decrease because of a
	No.			
	Ves Evolain here: None			

Fill	in this information to identify yo	our case:		
Deb	tor 1 Walton Edward	d Hall. Jr.		
	First Name	Middle Name Last Name		
	tor 2 Ramona Lynet			
(Spot	use if, filing) First Name	Middle Name Last Name		
Unit	ed States Bankruptcy Court for the	EASTERN DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)		
Cas	e number			
(if kno	own)		_	k if this is an ded filing
Sui		s and Liabilities and Certain Statistical Information		12/15
infor your	mation. Fill out all of your sched original forms, you must fill out	sible. If two married people are filing together, both are equally responsible folions: dules first; then complete the information on this form. If you are filing amend to a new <i>Summary</i> and check the box at the top of this page.		
Part	1: Summarize Your Assets			
			Your a	ssets of what you own
			value	or what you own
1.	Schedule A/B: Property (Officia 1a. Copy line 55, Total real estate	ıl Form 106A/B) e, from Schedule A/B	\$	97,035.00
	1b. Copy line 62, Total personal	property, from Schedule A/B	\$	11,041.00
	1c. Copy line 63, Total of all prop	erty on Schedule A/B	\$	108,076.00
Part	2: Summarize Your Liabilitie	s		
				abilities It you owe
2.		e Claims Secured by Property (Official Form 106D) clumn A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.		ve Unsecured Claims (Official Form 106E/F) art 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	4,950.00
	3b. Copy the total claims from Pa	art 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	56,412.12
		Your total liabilities	\$	61,362.12
Part	3: Summarize Your Income a	and Expenses		
4.	Schedule I: Your Income (Official Copy your combined monthly inc	Form 106I) ome from line 12 of <i>Schedule I</i>	\$	2,445.53
5.	Schedule J: Your Expenses (Officopy your monthly expenses from	cial Form 106J) m line 22c of <i>Schedule J</i>	\$	2,445.53
Part	4: Answer These Questions	for Administrative and Statistical Records		
6.	Are you filing for bankruptcy u No. You have nothing to rep	nder Chapters 7, 11, or 13? ort on this part of the form. Check this box and submit this form to the court with yo	ur other scl	hedules.
7.	Yes What kind of debt do you have			

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Case 17-03599-5-PWM Doc 1 Filed 07/21/17 Entered 07/21/17 15:59:45 Page 45 of 58

Debtor 1	Walton Edward Hall, Jr.		
Debtor 2	Ramona Lynette Hall	Case number (if known)	
	the court with your other schedules.		

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 158.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this inform	nation to identify your	case:			
Debtor 1	Walton Edward H	lall. Jr.			
	First Name	Middle Name	Last Name		
Debtor 2	Ramona Lynette				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT (EXEMPTIONS)	DF NORTH CAROLINA (NC		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Form	106Dec				
		ا میداد ایداد ما	Dabtarla Caba	dudaa	
Declarat	ion About a	an individual	Debtor's Schee	auies	12/15
			s or amended schedules. Maki		
obtaining money years, or both. 18	or property by fraud in 3 U.S.C. §§ 152, 1341, 1	n connection with a ban	s or amended schedules. Makii kruptcy case can result in fines		
obtaining money years, or both. 18	or property by fraud in	n connection with a ban			
obtaining money years, or both. 18 Sign	or property by fraud in 3 U.S.C. §§ 152, 1341, 1 n Below	n connection with a ban I519, and 3571.		s up to \$250,000, or	
obtaining money years, or both. 18 Sign	or property by fraud in 3 U.S.C. §§ 152, 1341, 1 n Below	n connection with a ban I519, and 3571.	kruptcy case can result in fines	s up to \$250,000, or	
obtaining money years, or both. 18 Sign Did you pay	or property by fraud in 3 U.S.C. §§ 152, 1341, 1 n Below	n connection with a ban I519, and 3571.	kruptcy case can result in fines	ptcy forms? Attach Bankrupte	
Did you pay No Yes. N Under penal	or property by fraud in B U.S.C. §§ 152, 1341, 1 Below or agree to pay some	n connection with a ban 1519, and 3571.	kruptcy case can result in fines	ptcy forms? Attach Bankrupto Declaration, and	cy Petition Preparer's Notice, 'Signature (Official Form 119)
Did you pay No Yes. N Under penal that they are	or property by fraud in B U.S.C. §§ 152, 1341, 1 Below or agree to pay some lame of person ty of perjury, I declare	n connection with a ban 1519, and 3571.	kruptcy case can result in fines	ptcy forms? Attach Bankrupte Declaration, and	cy Petition Preparer's Notice, 'Signature (Official Form 119)
Did you pay No Yes. N Under penal that they are X /s/ Walton	or property by fraud in B U.S.C. §§ 152, 1341, 1 in Below y or agree to pay some lame of person ty of perjury, I declare is true and correct.	n connection with a ban 1519, and 3571.	kruptcy case can result in fines	ptcy forms? Attach Bankrupte Declaration, and this declaration an	cy Petition Preparer's Notice, 'Signature (Official Form 119)

Date July 21, 2017

Date July 21, 2017

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)

In re	Walton Edward Hall, Jr. Ramona Lynette Hall	Case No.	
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTORNI	EY FOR DE	EBTOR(S)
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for compensation paid to me within one year before the filing of the petition in bankruptcy, or a be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankrup	greed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept	\$	4,950.00
	Prior to the filing of this statement I have received	\$	0.00
	Balance Due	\$	4,950.00
2. 5	\$365.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless	ss they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who a copy of the agreement, together with a list of the names of the people sharing in the compensation.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of	the bankruptcy c	ase, including:
l	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determing b. Preparation and filing of any petition, schedules, statement of affairs and plan which may c. Representation of the debtor at the meeting of creditors and confirmation hearing, and and d. [Other provisions as needed] 	be required;	
	Exemption planning, Means Test planning, and other items if specifica or required by Bankruptcy Court local rule. May include fee paid to out meeting.		

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding, and any other items excluded in attorney/client fee contract or excluded by Bankruptcy Court local rule.

Fee also collected, where applicable, include such things as: Pacer access: \$10 per case, Credit Reports: \$10 each, Judgment Search: \$10 each, Credit Counseling Certification: Usually \$34 per case, Financial Management Class Certification: Usually \$8 each, Use of computers for Credit Counseling briefing or Financial Management Class: \$10 per session, or paralegal typing assistance regarding credit counseling briefing: \$75 per session.

	Walton Edward Hall, Jr.		
In re	Ramona Lynette Hall	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

	(Continuation Sheet)
	CERTIFICATION
I certify that the foregoing is a complete statem this bankruptcy proceeding.	nent of any agreement or arrangement for payment to me for representation of the debtor(s) in
July 21, 2017 Date	/s/ Matthew Schmidt for LOJTO Matthew Schmidt for LOJTO 51842 Signature of Attorney The Law Offices of John T. Orcutt, PC 6616-203 Six Forks Road Raleigh, NC 27615 (919) 847-9750 Fax: (919) 847-3439 postlegal@johnorcutt.com Name of law firm

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcv_forms/bankrup

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:				
Debtor 1 Walton Edward Hall, Jr.				
Debtor 2 (Spouse, if filing) Ramona Lynette Hall				
United States E	Bankruptcy Court for the:	Eastern District of North Carolina (NC Exemptions)		
Case number (if known)				

Check	Check as directed in lines 17 and 21:						
	According to the calculations required by this Statement:						
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
3. The commitment period is 3 years.							
	4. The commitment period is 5 years.						

 \square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

			Columi Debtor		Column Debtor non-fili	
Your gross wages, salary, tips, bonuses, over payroll deductions).	rtime, and	I commissions (before all	\$	0.00	\$	0.00
 Alimony and maintenance payments. Do not in Column B is filled in. 	nclude pa	ments from a spouse if	\$	0.00	\$	0.00
 All amounts from any source which are regular of you or your dependents, including child surfrom an unmarried partner, members of your hou and roommates. Include regular contributions from filled in. Do not include payments you listed on lir Net income from operating a business, profession, or farm 	ipport. In sehold, y m a spoune 3.	clude regular contributions our dependents, parents,	\$	0.00	\$	0.00
Gross receipts (before all deductions)	\$	158.33				
Ordinary and necessary operating expenses	-\$	0.00				
Net monthly income from a business, profession, or farm	\$	Copy 158.33 here ->	\$	158.33	\$	0.00
6. Net income from rental and other real propert	y Del	otor 1				
Gross receipts (before all deductions)		\$ <u>0.00</u>				
Ordinary and necessary operating expenses	-	\$ <u>0.00</u>				
Net monthly income from rental or other real prop	orty (0.00 Copy here ->	. \$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Debtor 2 Ramona Lynette Hall			Case numb	er (<i>if known</i>)			
			Column A Debtor 1		Column B Debtor 2 o	or	
7. Interest, dividends, and royalties	.		\$	0.00	\$	0.00	
8. Unemployment compensation			\$	0.00	\$	0.00	
Do not enter the amount if you con the Social Security Act. Instead, lis		was a benefit unde	· ——	<u> </u>	*		
For you	\$	0.00					
For your spouse	\$	0.00					
Pension or retirement income. D benefit under the Social Security A	o not include any amount recei	ived that was a	\$	0.00	\$	0.00	
 Income from all other sources in Do not include any benefits receive received as a victim of a war crime domestic terrorism. If necessary, list total below. 	ed under the Social Security Ac , a crime against humanity, or i	t or payments international or					
			\$	0.00	\$	0.00	
			\$	0.00	\$	0.00	
Total amounts from separ	rate pages, if any.	+	. \$	0.00	\$	0.00	
11. Calculate your total average more each column. Then add the total for			158.33	+ \$_	0.00	= \$	158.33
12. Copy your total average monthly 13. Calculate the marital adjustment	re Your Deductions from Inco					\$	158.33
☐ You are not married. Fill in 0 I							
You are married and your spo	ouse is filing with you. Fill in 0 b	elow.					
☐ You are married and your spo							
Fill in the amount of the incom	ne listed in line 11, Column B, the tof the spouse's tax liability or						
adjustments on a separate pa	•	mount of income de	evoted to eac	h purpose	. If necessary	y, list additi	onal
If this adjustment does not ap	ply, enter 0 below.	¢					
		\$ \$					
Total		\$ _	0.0	00 co	py here=>		0.00
14. Your current monthly income.	Subtract line 13 from line 12.					\$	158.33
15. Calculate your current monthly	income for the year. Follow	these steps:					
15a. Copy line 14 here=>						\$	158.33
Multiply line 15a by 12 (the	number of months in a year).					x 1	2
15b. The result is your current m	nonthly income for the year for t	this part of the forn	າ			\$	1,899.96

Walton Edward Hall, Jr.

Debtor :			nona Lynette Hall		Case number (if known)		
16. (Calc	ulate	the median family income that applies to you	u. Follow these ste	eps:		
1	16a.	Fill ir	n the state in which you live.	NC			
1	16b.	Fill ir	n the number of people in your household.	2			
1	16c. l	Fill ir	n the median family income for your state and siz	e of household.		\$	55,722.00
			nd a list of applicable median income amounts, guctions for this form. This list may also be availab		link specified in the separate		
17. i	How	do t	he lines compare?				
1	17a.		Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO				
1	17b.		Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 abo	tion of Your Disp			
Part 3	3:	Ca	lculate Your Commitment Period Under 11 U.	S.C. § 1325(b)(4)			
18. (Сору	you	ur total average monthly income from line 11 .			\$	158.33
9	conte spous	end tl se's	ne marital adjustment if it applies. If you are ment calculating the commitment period under 11 lincome, copy the amount from line 13. Example marital adjustment does not apply, fill in 0 on lin	arried, your spous J.S.C. § 1325(b)(4	e is not filing with you, and you	-\$	0.00
1	19b.	Sub	tract line 19a from line 18.			\$	158.33
20.	Calc	ulate	your current monthly income for the year. F	ollow these steps:			
2	20a.	Copy	y line 19b			\$_	158.33
		Multi	iply by 12 (the number of months in a year).				x 12
2	20b. ˈ	The	result is your current monthly income for the yea	r for this part of the	e form	\$_	1,899.96
2	20c.	Copy	y the median family income for your state and siz	ze of household fro	om line 16c	\$_	55,722.00
2	21.	How	do the lines compare?				
			Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the co	urt, on the top of page 1 of this form, ch	neck box 3,	The commitment
			Line 20b is more than or equal to line 20c. Unles commitment period is 5 years. Go to Part 4.	ss otherwise order	ed by the court, on the top of page 1 of	this form, c	check box 4, The

Walton Edward Hall, Jr.

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tor 2 Ramona Lynette Hall	Case number (if known)		
rt 4: Sign Below			
	t the information on this statement and in any attachments is true and correct.		
χ /s/ Walton Edward Hall, Jr.	χ /s/ Ramona Lynette Hall		
Walton Edward Hall, Jr.	Ramona Lynette Hall		
Signature of Debtor 1	Signature of Debtor 2		
Date July 21, 2017	Date July 21, 2017		
MM / DD / YYYY	MM / DD / YYYY		

Employment Security Commission Attn: Benefit Payment Control Post Office Box 26504 Raleigh, NC 27611-6504 Bank of America **
Post Office Box 15220
Wilmington, DE 19850-5220

Synchrony Bank (Walmart) Attn: Bankruptcy Dept. Post Office Box 965060 Orlando, FL 32896-5060

NC Child Support Centralized Collections Post Office Box 900006 Raleigh, NC 27675-9006 Bank Of America ** P.O. Box 15019 Wilmington, DE 19886 Synchrony Bank***
ATTN: Bankruptcy Dept.
Post Office Box 965061
Orlando, FL 32896-5061

Equifax Information Systems LLC P.O. Box 740241 Atlanta, GA 30374-0241 Branch Banking & Trust Post Office Box 698 Wilson, NC 27894-0698 U.S. Attorney General U.S. Department of Justice 950 Pennsylvania Ave. NW Washington, DC 20530-0001

Experian
P.O. Box 2002
Allen, TX 75013-2002

Branch Banking & Trust **
Attn: Bankruptcy Managing Agent
Post Office Box 1847
Wilson, NC 27894-1847

Trans Union Corporation P.O. Box 2000 Crum Lynne, PA 19022-2000 Chase Slate **
Post Office Box 15298
Wilmington, DE 19850-5298

Internal Revenue Service (ED)** Post Office Box 7346 Philadelphia, PA 19101-7346

NC Department of Justice for NC Department of Revenue Post Office Box 629 Raleigh, NC 27602-0629

US Attorney's Office (ED)** 310 New Bern Avenue Suite 800, Federal Building Raleigh, NC 27601-1461 Sampson County Tax Collector** Post Office Box 207 Clinton, NC 28329-0207

North Carolina Dept. of Revenue** Post Office Box 1168 Raleigh, NC 27602-1168 Sears **
Post Office Box 6282
Sioux Falls, SD 57117-6282

Bank of America **
Post Office Box 982235
El Paso, TX 79998-2235

Synchrony Bank (Lowe's) Atttn. Bankruptcy Dept Post Office Box 965060 Orlando, FL 32896-5060

United States Bankruptcy Court Eastern District of North Carolina (NC Exemptions)

In re	Walton Edward Hall, Jr. Ramona Lynette Hall		Case No.	
		Debtor(s)	Chapter	13
	VERIF	R MATRIX		
The abo	ove-named Debtors hereby verify that	the attached list of creditors is true and	correct to the best	of their knowledge.
Date:	July 21, 2017	/s/ Walton Edward Hall, Jr.		
		Walton Edward Hall Jr		

Signature of Debtor

Isl Ramona Lynette Hall
Ramona Lynette Hall
Signature of Debtor

Date: July 21, 2017